



Monthly Account Agreement

A subscription to IN.gov offers you many benefits...

- Convenient access to all authorized subscriber services
- Up to 10 confidential usernames + passwords per account
- Toll-free technical hotline staffed with knowledgeable consultants
- Online account management reports

PREMIUM SERVICE SUBSCRIPTION CHOICE

- ☐ IN.gov *only* (\$50/annual fee)
Indiana State Government Subscriber Services

Upon completion of this form,
please sign and send your initial
subscription payment to:

IN.gov
10 West Market Street, Suite 600
Indianapolis, IN 46204
or
Fax: 317.233.2011

USERNAME ASSIGNMENTS

Please print the actual name(s) to be assigned a username. Each user must provide his/her signature and e-mail address.
Which method is preferred to receive username and passwords: ☐ phone ☐ fax ☐ mail

Account Manager Username	Name	User Signature	E-mail Address
Premium Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Billing Manager Username	Name	User Signature	E-mail Address
Premium Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Username	Name	User Signature	E-mail Address
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			

MAILING ADDRESS

Organization Name: _____
Contact/Admin Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ ext. _____
Fax: _____

ACCOUNT INFORMATION

E-mail Address: _____
Business Accounts
Name of President/GM/Officer: _____
Tax ID Number: _____
Web Site Address: _____
Personal Accounts
Subscriber's Driver License #: _____

BILLING INFORMATION (Please select only one option. For more information, please refer to the Terms and Conditions)

<input type="checkbox"/> Monthly Invoice/Statement	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Direct Debit (ACH)
Note: \$15 minimum monthly fee	No minimum fee	No minimum fee
If there is no use during the month, then there is NO monthly fee.	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> A	Bank Name: _____
If there is any use during the month, then the mailed invoice will be \$15 minimum.	Card Number _____	Rounting Number: _____
\$25 fee for returned checks	Cardholder _____	Account Number: _____
Invoice Billing Address: _____	Exp. Date _____ / _____	_____
_____	Credit Card Billing Address: _____	Direct Debit Billing Address: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORGANIZATIONAL INFORMATION (Required)**Primary Focus of Your Organization** (Used only for internal classification purposes)

- | | |
|---|--|
| _____ 1100 Agriculture, Forestry, Hunting, and Fishing | _____ 5413 Architectural and Engineering |
| _____ 2100 Mining | _____ 5416 Human Resources and Executive Search |
| _____ 2210 Utilities | _____ 5419 Professional, Scientific, and Technical Services |
| _____ 2300 Construction | _____ 5610 Admin Support, Waste Management, and Remediation Services |
| _____ 3110 Manufacturing | _____ 5616 Investigative and Security Service |
| _____ 4210 Wholesale Trade | _____ 6110 Educational Services |
| _____ 4410 Motor Vehicle | _____ 6200 Healthcare and Social Assistance |
| _____ 4520 Retail | _____ 7100 Arts, Entertainment, and Recreation |
| _____ 4810 Transportation and Warehouse | _____ 7200 Accommodations, Food, and Beverage Services |
| _____ 5100 Information and Communication | _____ 8110 Other Service Repair/Maintenance or Personal Services |
| _____ 5200 Finance and Insurance | _____ 8130 Religious Grantmaking Civic or Professional Services, Charities |
| _____ 5310 Real Estate, Rental, and Leasing | _____ 8129 Bail Bonds |
| _____ 5411 Legal | _____ 8888 Personal or Individual Account |
| _____ 5412 Accounting, Tax Preparation, Bookkeeping, and Payroll Services | |

How did you hear about us? _____

AUTHORIZED SIGNATURE

I have read and agree to the terms and conditions of this Monthly Account Agreement for myself and any entity or organization for which I sign. I represent and warrant that I have the authority to sign this Monthly Account Agreement on behalf of and bind any entity or organization for which I sign. I further acknowledge that by signing and sending this Monthly Account Agreement by facsimile, I, and any entity or organization for which I sign, waive the right to contest the authenticity of my signature and the right to contest the enforceability or admissibility of this Monthly Account Agreement on the grounds that it is not an original document.

Signature _____ Date _____
 Printed Name _____ Title _____

Account Number _____